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SUBJECT: HEALTH AND POPULATION IN THE PHILIPPINES

¶1. (SBU) Summary: In the aftermath of the July 11 World Population Day ceremonies in Manila, many civil society and legislators have expressed their opinions on the country's need and ability to extend family planning services more widely. There has been a vigorous public debate, extensively covered by the news media, between those who advocate the Catholic Church position against all "artificial" family planning and contraceptive methods and others who caution that the Philippines' population growth is outpacing the country's economic growth and its ability to meet the food-supply needs of the entire population. Landmark appropriations and draft legislation reflect increasing commitment within the Philippine Government to further expand and sustain programs started forty years ago with U.S. Government's assistance through USAID. The U.S. Government continues to be the largest donor in the Philippine population sector supporting efforts to improve local government service delivery and increase private sector contributions to family health outcomes.

World Population Day in the Philippines

¶2. (SBU) World Population Day was initiated on July 11, 1989. This day was inspired by the "Five Billion Day," which occurred on July 11, 1987, when the world's population was estimated to have reached 5 billion people. Over the past 19 years, World Population Day has been a focal point for bringing to light connections between reproductive rights, population size and environmental, economic, and human rights issues. "Family Planning: It's a Right, Let's Make It Real," is the global theme for this year's World Population Day. The Philippines conducted a number of events starting first with a national-level forum supported by the United Nations Population Fund. Activities included a national essay-writing contest held by youth groups; a provincial poster-making contest sponsored by the Philippine Department of Education; intercollegiate debates hosted by the University of the Philippines and Ateneo de Manila University; and discussions on radio stations on the current situation and the implications of population growth on economic development. An NGO-led Family Planning Fair was held in cooperation with the Health Office of Manila City to provide modern family planning services signifying the revival of publicly funded reproductive health care services. Numerous articles, talk shows and debates on the state

of the Philippine population sector with emphasis on a draft legislative bill promoting access to family planning services were also published and aired on major media networks.

Population and family planning in the Philippines

13. (SBU) The latest Philippine census results were released on April 16, 2008. Based on the findings, the population count in the country as of August 1, 2007 was 88.6 million. According to the census, three Filipinos are born every minute, 200 babies per hour. The National Demographic and Health Survey of 2003 reports that the average Filipino woman has, on average, three children during her reproductive life span. According to the survey, most women would desire to have only two. Two out of five married women of reproductive age have reported that they are not using family planning methods even though they desire to practice contraception indicating an unmet need for services. The Philippines, the twelfth most populous country in the world, is expected to double its population size by 2044.

14. (SBU) The Philippine National Family Planning Policy of 2001 affirms the importance of family planning as an essential health service to prevent high-risk pregnancies, reduce maternal deaths and contribute towards poverty reduction. The Department of Health (DOH) is the national government agency entrusted to formulate policy and set standards. Under the auspices of the DOH, the Population Commission (POPCOM) is responsible for advocacy and institutional support to all agencies involved in population and development. As the Philippine health sector is decentralized, publicly funded family planning services and commodities are provided by local government units (LGUs), i.e. chartered cities and municipalities. Currently, the Department of Health is not directly providing funds for contraceptives but is planning to provide grants to LGUs for a range of family health services and commodities. The availability of subsidized commodities to be provided to the poor is dependent upon the ability of local government to allocate budgetary resources for family planning. Recently, a group of Philippine Congressional Representatives crafted a consolidated reproductive health bill that promotes access to family planning along with other health services such as safe delivery, breastfeeding, prevention and treatment of HIV/AIDS and sexually transmitted infections. The bill discusses extending services through mobile clinics and coverage for family planning services by the national health insurance program. The bill also refers to the need for a nationwide information campaign on responsible parenthood and reproductive health and states that abortion would continue to be illegal in the Philippines. The new bill and its previous versions have raised the volume of the vigorous public debate on reproductive issues among between civil society, NGOs, the Catholic Church and legislators. The controversy has generated news media coverage and editorial commentary from all sides.

US Government's assistance program

15. (SBU) USAID's family planning assistance is channeled through a comprehensive health

sector support program that also emphasize maternal care and child survival, prevention of HIV/AIDS, control of tuberculosis and prevention of avian influenza. The focus of the family planning component is to promote access of Filipino couples to quality services and commodities. The key activities within the public sector are to build the capacity of local government to effectively serve the poor, reach households most in need, and strengthen LGU systems to plan, budget, procure and distribute commodities, and improve the quality of care and counseling. In parallel, within the private sector, USAID technical assistance enables pharmaceutical companies to launch lower-priced contraceptive products, and to expand choices among consumers with more brands on the market. The private sector program also prioritizes low income communities, with a focus to improve access to quality services through midwives and workplace health programs.

¶6. (SBU) The 2003 National Demographic and Health survey reports that the key reason why most Filipinos do not practice family planning is because of myths and misconceptions around modern methods. USAID assistance is helping disseminate complete and accurate information by improving the counseling skills of service providers, and by expanding the availability of accurate information on modern family planning methods within grass-roots communities. USAID programs engage with almost 700 municipalities and major cities, and provide technical advisory support to the Philippine Department of Health on sector reform and financing policies.

¶7. (SBU) Within the past three years, annual funding levels for population and family planning from the US Government have increased from around \$13M to \$15M. Since 2003, in response to the Philippine Government's move to reach self-reliance in contraceptive supply, USAID has phased down the support for condoms, pills, injectable contraceptives and intra-uterine devices. The final shipment of US donated commodities will be at the end of December 2008. Previously, the private pharmaceutical sector was not able to compete with free commodities from the public sector. The decision to phase out contraceptive donations was made to support the Philippine Government's contraceptive self-reliance initiative and to focus US resources on helping develop ways to reach those who currently lack access to family planning services. USAID and the Philippine Government continue to monitor the impact of The phase out on availability and use of family planning services within the population.

So far, so good

¶8. (SBU) Use of family planning methods remains stable even with the phase-out of donated contraceptive supplies. Data from 2005 and 2006 national family planning surveys indicate that contraceptive use has not declined. The use of oral contraceptive pills has increased steadily among the poor (by 30% in the past five years) with no significant difference between urban and rural households. The increase in modern family planning use in rural areas from 2000 to 2006 is due to an increase in the use of pills. The private sector as a source of supply has increased significantly, from 33% to 41%, in the past three years. The poor spend around US\$0.40 for pills, and the rich pay about

US\$1 for the same method. It appears that the private sector is reaching both poor and non-poor consumers. The use of private sector sources in both groups has increased, by 41% among the poor and 21% among the non-poor. The commitment and capability for service provision within local government units has improved significantly within the past three years with LGUs approving medium-term investment plans to provide family planning services together with other basic health services. Around 60% of municipalities have issued local policies to provide reproductive health services and/or have allocated funding for contraceptives. At the national level, the Philippine Congress allocated \$3.38 M in 2007 earmarked for family planning commodities within the General Appropriations Act, which was significantly increased to \$27 M in 2008. This is a major milestone indicating fiscal readiness to move towards self sufficiency for contraceptive supplies.

Looking to the Future

19. (SBU) The ability to plan family size and spacing of births leads to better health of mothers and children. The 2003 National Demographic and Health Survey points out that one out of every two deliveries resulted from a mistimed or unwanted pregnancy. Further analyses reveal that mothers with unintended pregnancies are less likely to deliver in a health facility under hygienic conditions assisted by trained practitioners. The sector requires continued support to improve local level service delivery, scale up successful private sector efforts, ensure contraceptive security and implement nation-wide health promotion interventions. These approaches, in combination, would enable Filipino men and women to make appropriate choices for better family health outcomes. The U.S. Government continues to be a leader in population assistance to the Philippines. This assistance is an important factor in sustaining momentum as the nation's family planning program moves toward self sufficiency.

KENNEY